

What is Medical Alert?

Medical Alert is a program that provides customers who require the use of life-sustaining medical equipment with reasonable notice before intentional disruption of service, which, in turn, allows them time to secure back-up power for their medically essential equipment.

What is NOT covered by Medical Alert?

Emergency power failures due to natural causes and system problems cannot be predicted, and therefore, customers on the Medical Alert program cannot receive prior notification in these instances. It is the customer's responsibility to have a back-up system in place to power their essential medical equipment in these situations, as well as to have an action plan for proceeding to the nearest medical facility, if necessary.

Medical Alert does not exempt customers from disconnection of service if they do not make regular payments or if they do not provide information requested to annually re-certify their enrollment in this program.

How do customers qualify for the Medical Alert program?

Verification must be received from a physician regarding the customer's medical condition and the type of life-sustaining equipment used. Please have your physician complete Part 2 of this brochure and return to the City of Tallahassee.

Please return completed form to:

Medical Alert Program
408 N. Adams St.
Tallahassee, FL 32301
Fax: 850-891-0901

Call 850-891-4968

City of Tallahassee Utilities

850-891-4968

Talgov.com/YOU

Revised: January 9, 2019

Medical Alert Program



City of Tallahassee
Your Own UtilitiesSM

Part 1: To be completed by Customer

Utilities Account Number

Account Holder (Full Name)

Phone Number 1 Home Cell Business

Phone Number 2 Home Cell Business

Name of Person Requiring Medical Status
(If Different From Above)

Date of Birth

Service Address

Service Address Line #2

Mailing Address (If Different From Above)

Mailing Address Line #2

Emergency Contact Person

Emergency Contact Phone Number

Part 2: To be completed by Physician

The specified individual has a medical condition that requires the life-sustaining electrical equipment listed below.

Qualifying Equipment (Check All That Apply)

Oxygen Concentrator

Heart Monitor

Dialysis (In Home)

Feeding Pump

Other:

Reason for Use of Equipment

By signing below, you are verifying that the customer listed above is dependent on electric-powered equipment that must be operated continuously or as circumstances require to avoid:

- the loss of life or
- serious medical complications requiring immediate hospitalization.

False certification of medically essential service is a violation of F.S. 458.331(1)(h) or F.S. 459.015 (1)(i). It is understood that the medically essential service will be re-certified once every 12 months. At such time as the life-sustaining equipment is no longer deemed necessary, the City of Tallahassee Utilities should be notified by phone at 850-891-4968, by mail at Medical Alert Program 408 N. Adams St. Tallahassee, FL 32301 or by fax at 850-891-0901.

Physician Name (Please Print)

Physician Signature

Date